COVER SHEET FOR AMENDMENT OF POST-TRAVEL SUBMISSION

Date/Time Stamp
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SECRETARY OF THE SENATE
PUBLIC RECORDS

2018 DEC 17 PM 1:29

Instructions: Use this form as a cover sheet for any paperwork you may need to submit to the Office of Public Records in order to make your Privately Sponsored Post-Travel Submission complete in accordance with Rule 35. Only complete this form if you need to submit an amendment to a post-travel filing you have already submitted.

SUBMIT DIRECTLY TO THE OFFICE OF PUBLIC RECORDS IN 232 HART BUILDING

Judd Gardner Name of Traveler:						
Senator Jerry Employing Office/Committee:	Moran					
South Florida Agricultural Foundation, Inc.						
October 17-19, 2018 Travel Date(s):						
	d Form RE-2, Employee Post-Travel					
Disclosure of Travel Expenses						
Purpose of Amendment (describe the reason for an	The attached Form RE-2					
	Employee" table. The previous submission was					
not properly filled out.						
12/17/2018						
	July Karelne					
(Date)	(Signature of Traveler)					

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Employee Post-Tra	vel Disclosure	of Travel Ex	penses
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	Date/Time Stamp:
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o tr	avel expenses that have been or w
ary,	invitee list, etc.)
JSE iry.)	OR DEPENDENT CHILD, ONLY
	Other Expenses (Amount & Description)
	\$28.61 Airport transfer
	Other Expenses (Amount & Description)
Att	ach additional pages if

In compliance with Rube reimbursed/paid for	ile 35.2(a) and (c), I n	nake the following disclo	osures with respect to	travel expenses that have been or w
☐ The <u>original</u> Employ ☐ A <u>copy</u> of the Prival Private Sponsor(s) (list October	oyee Pre-Travel Authorite Sponsor Travel Ce South Florida Agricultus t all):	prization (Form RE-1), pertification Form with all icultural Foundation, Inc.		ry, invitee list, etc.)
Travel date(s): Name of accompanying Relationship to Travelo	g family member (if a	ny): Child		
IF THE COST OF LODG	GING DID NOT INCR COSTS IN EMPLOYEE		COMPANYING SPOUtional pages if necessar	ISE OR DEPENDENT CHILD, ONLY ry.)
	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
☐ Good Faith Estimate	\$322.20	\$199.00	\$115.78	\$28.61 Airport transfer
Actual Amount				
	anying Spouse or De	ependent Child (if applic	able):	
Expenses for Accomp	200	Lodging Expenses	Meal Expenses	Other Expenses (Amount & Description)
Expenses for Accomp	Transportation Expenses			(11110uile & Description)
Expenses for Accomp ☐ Good Faith Estimate	<u> </u>			(Almount to Description)
☐ Good Faith	<u> </u>			

TO BE COMPLETED BY SUPERVISING MEMBER/OFFICER:

(Printed name of traveler)

I have made a determination that the expenses set out above in connections with travel described in the Employee Pre-Travel Authorization form, are necessary transportation, lodging, and related expenses as defined in Rule 35.

Jerry Moran

(Signature of Supervising Senator/Officer)

(Signature of traveler)

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(Date)